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CONFIRMATION NO. 1294

Bib Data Sheet

SERIAL NUMBER 10/616,376	FILING DATE 07/09/2003 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. CLV-32581A
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/400,254 07/31/2002 *So/Jo*

** FOREIGN APPLICATIONS *****

NONE SA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>SA</i> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

001095
 NOVARTIS
 CORPORATE INTELLECTUAL PROPERTY
 ONE HEALTH PLAZA 430/2
 EAST HANOVER, NJ
 07936-1080

TITLE

Toric multifocal contact lenses

FILING FEE RECEIVED 1374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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